

**NOTICE OF DEFENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 3-875)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
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43	/					
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46	/					
47	/					
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	43					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52						
53						
54						
55	/					
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96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	1					